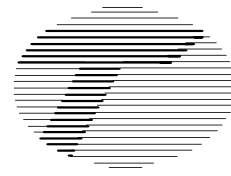


**NEW YORK STATE
DEPARTMENT OF TRANSPORTATION
REGION 8 POUGHKEEPSIE**



INITIAL PROJECT PROPOSAL

PIN

Project Description:

Municipality:

County :

Program Disposition:

Checked for SFY

by:

Regional Program Management

Date

Recommended by:

RPPM

Date

Approved by:

Regional Director

Date

INITIAL PROJECT PROPOSAL

PIN:

PIN HISTORY: N/A

MUNICIPALITY:

BINS:

MILE POINTS:

FEDERAL AID SYSTEM:

FUNCTIONAL CLASSIFICATION:

DESCRIPTION:

HISTORY DESCRIPTION:

COUNTY: Ulster

PROJECT LENGTH:

REF. MARKER: N/A

SH#: N/A

EXISTING CHARACTERISTICS OF CONCERN:

ELEMENT(S)

MEASURES/INDICATORS

DESCRIBE THE PROBLEM:

DESCRIBE THE PROJECT:

DESCRIBE THE PROJECT OBJECTIVE:

PROJECT ELEMENTS TO BE INVESTIGATED:

☐ Deck or Minor Bridge Rehab.

☐ Major Bridge Rehab.

☐ Highway Resurfacing

☐ Highway Reconstruction

☐ Other: Grade crossing signal upgrade

☐ Bridge Replacement - New Location

☐ Bridge Replacement - Existing Location

☐ Appurtenance

☐ Traffic Control

☐ Safety Considerations:

PROJECT TYPE:**Work Type:****Sub Work Type:****Transportation Mode:****Project Purpose (%):****Safety Type:****Work Class:****Attribute:****Approval:****GOP CONTRIBUTION:**

Lane Miles: N/A

No. Signals:

HAL's Within Project Limits: ☐ Yes

Linear Ft. Guide Rail:

Linear Ft. Pavement Markings:

Bridges: # Priority Deficient ☐# Deficient ☐#Non-Deficient ☐

Bridge Deck Area: sf.

Credit for Bridge Painting: sf.

ENVIRONMENTAL CLASSIFICATION:**NEPA Class Recommendation:** ☐ Class I (EIS) ☐ Class III (EA) ☐ NA☐ Class II (Automatic CE) ☐ Class II (CE with documentation/Programmatic CE)**SEQR Type Recommendation:** ☐ Type II ☐ Non-type II ☐ Exempt**MPO INVOLVEMENT:**☐ Yes; ☐ Mid-Hudson South; ☐ Poughkeepsie-Dutchess County; ☐ Newburgh-Orange County
☐ Ulster County

Transportation Council

☐ Needs to be added to the TIP ☐ No; non-federal aid project and/or outside urban area**TYPE OF SURVEY:**☐ Aerial Photogrammetry

Req. date of flight _____; Mapping needed by

☐ Field Survey☐ None**NOTES ON SPECIAL CIRCUMSTANCES:****SPECIAL TECHNICAL ACTIVITIES REQUIRED:****PROBABLE SCHEDULE AND COST:****Desired Letting Date:**

Schedule Qualifiers: ☐ Major Permits ☐ Public Hearing ☐ 4(F)/106

☐ Need Consultant(s) for:

PROJECT PHASE	PHASE START (mo./yr.)	ACTIVITY DURATION (mo.)	STAFF MONTHS (mo.)	ESTIMATED COST (\$M.)	FUND SOURCE
SCOPING: DOT CONSULTANT					
PE(I-IV): DOT CONSULTANT					
PE(V-VI): DOT CONSULTANT					
ROW INC.					
ROW ACQ.					
CONSTRUCTION					
INSPECTION: DOT					
RR FORCE ACCT.					
TOTAL COST:					

BASIS OF ESTIMATE:

DATE:

IPP PREPARER:

PROGRAM DISPOSITION:

STATEWIDE SIGNIFICANCE: ☐ NO ☐ YES, why:

PROJECT DEVELOPER:

ASSIGNED PROJECT MANAGER:

PHONE: (845)

Please attach pictures and maps of the project and its location.